SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL.

LONDON, SATURDAY, JULY 12TH, 1924.

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ROYAL COMMISSION ON NATIONAL HEALTH INSURANCE.

The Ministry of Health on July 7th announced the appointment of the Royal Commission on National Health Insurance. The Commission is constituted as follows: Lord Lawrence of Kingsgate (chairman); the Right Hon. Sir John Anderson, G.C.B.; Sir Humphry Rolleston, Bt., K.C.B.; Sir Alfred Watson, K.C.B.; Sir Arthur Worley, C.B.E.; Sir Andrew Duncan; Mr. A. D. Besant, F.I.A.; Mr. Fred. Bramley; Professor Alexander Gray; Miss Gertrude Tuckwell; Mrs. Harrison Bell; Mr. James Cook; Mr. John Evans; and Mr. William Jones. Its terms of reference are: "To inquire into the scheme of National Health Insurance established by the National Health Insurance Acts, 1911-1922, and to report what, if any, alterations, extensions, or developments should be made in regard to the scope of that scheme and the administrative, financial, and medical arrangements set up under it."

Lord Lawrence of Kingsgate has been chairman of the London and North-Western Railway since 1921, and is the chairman of the London Board of the North British and Mercantile Insurance Company. He was created a peer in 1923.

Sir John Anderson has been Permanent Under Secretary of State, Home Office, since 1922, and was formerly secretary to the National Insurance Commissioners, second secretary to the Ministry of Health, and chairman of the Board of Inland Revenue.

Sir Humphry Rolleston has been President of the Royal College of Physicians of London since 1921, and is the representative of the College on the General Medical Council. He was chairman of the Ministry of Health's Committee on Insurance Medical Records.

Sir Alfred Watson is the Government Actuary, and was chief actuary to the National Health Insurance Joint Committee from 1912 to 1919.

Sir Arthur Worley is the general manager (London) of the North British and Mercantile Insurance Company, and has been President of the Insurance Institute of London.

Sir Andrew Duncan is vice-president of the Shipbuilding Employers' Federation. He is a barrister-at-law, and was Coal Controller in 1919-20.

Mr. Digby Besant is general manager and actuary of the Clerical, Medical, and General Life Assurance Society.

Mr. Bramley is secretary of the Trades Union Congress General Council.

Professor Alexander Gray has held the Jaffrey Chair of Political Economy at Aberdeen University since 1921. He was formerly a civil servant, and held posts in the Insurance Commission and in the Insurance Department of the Ministry of Health. He was secretary of the Departmental Committee on Sickness Benefit Claims, and is a member of the Consultative Council of the Scottish Board of Health.

Miss Tuckwell, president and formerly honorary secretary of the Women's Trade Union League, is a member of the Women's Central Committee on women's training and employment.

Mrs. Harrison Bell is chairman of the Standing Joint Committee of Industrial Women's Organizations.

Mr. James Cook is miners' agent at Alloa, Scotland.

Mr. John Evans has been chairman of the Public Health Committee of the Glamorgan County Council.

Mr. William Jones is in the Public Health Department of the Glasgow Corporation, and was formerly Clerk to the Glasgow Insurance Committee.

The Secretary to the Commission, to whom all communications should be addressed, is Mr. E. Hackforth, of the Ministry of Health, Whitehall, S.W.1; and the Assistant Secretary is Mr. J. W. Peck, C.B., of the Scottish Board of Health.

Comment on the composition of the Royal Commission appears in the Journal at page 67.

British Medical Association.

CURRENT NOTES.

National Insurance Statistics.

In view of the forthcoming inquiry by Royal Commission into the working of the whole of the National Health Insurance system, the Insurance Acts Committee is making a special effort to obtain such statistics as will be essential to the adequate presentation of the case on behalf of insurance practitioners.

Income and Expenditure.—Up to now the Committee's efforts to obtain complete figures as to income and expenditure have not met with success. The value of such figures, however, cannot be overestimated. Owing to the lack of such figures at the recent Court of Inquiry, the profession's representatives were at a distinct disadvantage and had to admit that, in spite of efforts to obtain this kind of information, practitioners seemed reluctant to give it. This is a state of affairs which it is difficult for people outside the profession to appreciate, and the inference at once drawn therefrom is obvious. It is hoped, therefore, that insurance practitioners will, in their own interest, do their best to supply us with their figures, which will be treated as strictly private and confidential. A form has been devised which combines a simplified form of keeping accounts with an easy method of obtaining the desired information for use by the Insurance Acts Committee. A copy of this form will be sent to any practitioner who undertakes to keep it and lend it to the Medical Secretary at the end of the year for the purpose of extracting the desired information.

Attendances on Insured Persons.—Equally important are statistics as to attendances and visits on insured persons. The necessity for these is to arrive at the average number of items of attendance given to each insured person. The response to requests for these figures has been fairly satisfactory in the past, with the result that when at the recent

Court of Inquiry the Ministry produced data showing the average attendances per insured person to be 3.5 per annum, the Insurance Acts Committee was able to put forward data proving a higher figure. It will be realized, however, that more recent statistics are required. With a view to simplifying the method of obtaining these figures, a monthly card has been prepared, upon which the practitioner merely enters at the end of the day the number of insured persons he has attended at the surgery and the number visited. The Medical Secretary will be pleased to hear from insurance practitioners who are willing to supply this information.

Mileage Records.—As one of the conditions of the mileage grant under the Insurance Acts, certain practitioners in rural areas are at present keeping records of miles travelled, etc., for the Ministry of Health. It is believed, however, that at the end of the present period for which such records are being kept, the Ministry will discontinue this requirement. At the same time, the Insurance Acts Committee considers that similar information would be useful in future negotiations on the question of mileage, and is desirous of getting as many rural insurance practitioners as possible to keep such records. The information supplied will be for the use of the Insurance Acts Committee only. Copies of a card which has been prepared for the purpose will be gladly sent to any rural insurance practitioner on applying to the Medical Secretary, 429, Strand, W.C.2.

Organization of Newly Qualified Practitioners.

There was held at the head office of the British Medical Association on June 26th a joint meeting of representatives of the Metropolitan Counties Branch Council with the Organization of Medical Students Subcommittee, in connexion with the question of interesting the final-year medical students and newly qualified practitioners in the London area in the work of the Association. There were present on behalf of the Branch Council, Dr. C. Sanders (President of the Branch), Dr. C. Buttar (President-Elect of the Branch), Dr. E. W. G. Masterman, Mr. H. M. Stratford, Mr. E. B. Turner, and Dr. W. E. A. Worley; and on behalf of the Organization of Medical Students Subcommittee, Mr. Russell Coombe (in the chair), and Drs. A. E. Barnes, H. S. Beadles, T. W. H. Garstang, S. Morton Mackenzie, and J. C. Matthews. The joint meeting had before it the report of the proceedings of the conference on the general subject held on March 21st last (see SUPPLEMENT, March 29th, 1924, p. 149), and the recommendations made by the Council of the Association to the Metropolitan Counties Branch Council as regards London. After full discussion, the joint meeting resolved that in its opinion the question as affecting the medical students and the recently qualified practitioners in the London area was best left in the hands of the Council of the Metropolitan Counties Branch. The meeting also recommended that the Branch Council should form a special committee to deal with the matter, and that on that committee there should be representatives of the teaching hospitals.

SOUTH AFRICAN COMMITTEE.

MEETINGS of the South African Committee of the British Medical Association were held on April 21st, 22nd, and 25th at Grahamstown, with the President (Dr. D. Campbell Watt) in the chair. The President read the report of business carried out by the Committee arising from the previous Congress. The Treasurer's balance sheet from May 5th, 1923, to date (together with the petty cash account), which showed a credit balance of £223 3s. 5d., was presented and adopted. The Treasurer presented a balance sheet which showed the sum of £517 7s. 9d. standing at the credit of the Benevolent Fund. The balance sheet was adopted. It was unanimously resolved that the heartfelt thanks of the Committee be accorded to Dr. Elliott for his handsome donation to the fund. It was agreed on the motion of Dr. Dru Drury that a revenue and expenditure account should be published annually, and that the financial year should end on March 31st each year. The Honorary Financial Secretary, Dr. Orenstein, reported that all the arrears of subscriptions due by Branches had been collected, and a cordial vote of thanks was passed to Dr. Orenstein for the success of his efforts. The Secretary (Mr. D. W. Wills) resigned as from March 31st, 1924; his resignation was accepted with regret, and Mr. E. Varley, accountant, of Pietermaritzburg was appointed as his successor. The President reported that, as instructed, he had had a *Guide to Medical Ethics* printed, and on the motion of Dr. Simpson Wells it was agreed that the lecturers on medical ethics at the two South African universities be asked to use the *Guide* as a textbook and basis for their lectures. The President was authorized to have more copies of the *Guide* printed if there appeared to be an adequate demand for it beyond the present supply. The President reported the history of the Medical Bill from its being sent to a Committee of the House of Assembly in 1923 until the present time, as detailed in his annual report.

Organizing Secretary.

The meeting considered the correspondence with the Medical Secretary of the Association, London, in which it was stated that the Council of the Association favoured this appointment, and that, on the assumption that it would cost about £2,000 per annum (as estimated by the South African Committee), it was prepared to grant £1,000 per annum for three years on condition that the South African members raised the balance and that a suitable secretary could be found. The correspondence with the Branches concerning this matter was also read and considered. After discussion it was resolved to appoint two subcommittees, each to draw up several schemes to be submitted to the other, and the scheme finally approved to be submitted to the next meeting of the Committee; the subcommittees to consist of (1) Sir Spencer Lister, Drs. Baumann, Levine, and Orenstein; (2) Drs. Jones-Phillipson, Simpson Wells, Saunders, and Reith Fraser; with power to co-opt, the President being *ex officio* a member. The subcommittees were instructed to bear in mind the advantages of the organizing secretary being required to travel, and the question whether he should be a medical practitioner or a layman.

Dr. Barcroft Anderson tendered his resignation as Honorary Treasurer. The President eulogized Dr. Anderson's services, which dated from 1913. On the motion of Dr. Baumann, seconded by Dr. Boyd, the resignation was accepted with regret, and a vote of thanks for his services was recorded in the minutes and forwarded in writing to Dr. Anderson. Dr. Orenstein was unanimously elected to the vacant treasurership.

Annual Report.

The annual report of the South African Committee for 1923-24 showed that the usual quarterly meetings were held during the year at Durban, Johannesburg, and Bloemfontein, and were all well attended. Several matters of considerable importance to the Association and the profession in South Africa were dealt with, in particular the question whether the official representative body of the profession should be the British Medical Association or a Medical Association of South Africa federated with the British Medical Association in Great Britain.

In regard to medical ethics, the Committee records with satisfaction that at the meeting in December last the draft *Guide to Medical Ethics* was finally approved, after having been repeatedly under consideration for a period of over two years. It was decided that 1,000 copies of the *Guide* should be provided, and copies supplied to Branches for their members at cost price, the balance to be sold through the book department of the *South African Medical Record*. This has been done, and practically all the copies have been so disposed of. Favourable reviews have appeared in the local medical press and in the BRITISH MEDICAL JOURNAL. The Association in London some time ago issued model rules of procedure for the guidance of Branches in conducting inquiries into ethical cases, and through the instrumentality of Dr. J. A. Macdonald, who visited South Africa in 1920 as a representative of the Council of the Association, the South African Committee was induced to take this matter up, and, after making certain amendments, advised the Branches to adopt these rules of procedure as amended. Some of the Branches have now done so.

The Parliamentary Committee of the Cape Western Branch gave evidence before the Select Committee of the Assembly in support of the Medical and Pharmacy Bill. The Select Committee presented its report to the House, but the bill did not advance beyond that stage during the session 1923. The profession generally endorsed the findings of that Committee. Before the bill was taken up in the recent session it became apparent that a determined effort would be renewed to undermine the provision of Clause 34, which penalized unqualified persons practising the art of healing for profit. This position having been brought to the notice of the South African Committee, active steps were at once taken to make the influence of the profession felt in parliamentary circles in support of Clause 34 as it stood. Branches were communicated with and urged to approach members of parliament representative of their areas; in December a subcommittee was formed to draw up a circular to all members of parliament embodying the views of the profession on this point. This circular was printed both in English and Dutch, and was sent to all members of parliament and to every member of the profession in South Africa, accompanied by a reprint of two editorials from the *South African Medical Record* and a reprint of Dr. Mitchell's evidence before the Select Committee. The Assembly remitted Clause 34 to a second Select Committee, before which the South

African Committee was represented by its President, Dr. Campbell Watt. Several representatives also attended from the Cape Western Branch; also representatives from each Medical Council, except that of the Orange Free State, from the "Rand" Branch of the Association, the South African Medical Association, and from the Universities. Many "drugless healers" also gave evidence. The report continues:

"In spite of all our efforts our cause almost met with disaster, the proposal in favour of drugless healers being only defeated by the casting vote of the chairman. Even then we met with two reverses. (1) The words 'or for the expectation thereof' were deleted from the clause. The result of this if embodied in the bill will be that actual payment will have to be proved to obtain a conviction. An account rendered or a letter of demand will be of no value in proof of practising for profit; and (2) A proviso was added, in effect permitting Christian Scientists (and any other denominationalists) to charge fees for their prayers for the sick, these prayers being used as substitutes for medical aid, instead of as adjuncts to it. In this regard, one cult of drugless healers has achieved exemption. The Report of the Select Committee has been issued, and the Branches have again been urged to approach their parliamentary representatives in an endeavour to persuade them to abide by the clause as it left the Select Committee of the session of 1923. This matter is pregnant with fate for the profession, and every effort should be made before both Houses of Parliament to prevent a disaster, when next the bill comes before Parliament."

In regard to Government support for medical research, it is recorded that after much correspondence the Committee was informed that the Government had voted £20,000 for an extension of the buildings of the South African Institution for Medical Research; and various sums through the education vote to the medical schools; and that further support might be looked for when finances improved.

BRACKENBURY TESTIMONIAL.

FIFTH LIST—FROM JUNE 20TH TO JULY 4TH, 1924.

Amount previously acknowledged, £2,574 15s. 9d.

A. INDIVIDUAL CONTRIBUTIONS.

£2 2s.—Drs. W. Campbell Anderson, Alfred Linnell.

£1 1s.—Drs. James H. Allan, W. T. D. Allen, J. Bryan, F. J. Devlin, George J. Dudley, Percy Edwards, A. W. German, R. Humphreys, John Mills, J. J. O'Hagan, G. F. Oldershaw, A. Stanley Parkinson, G. D. Pidcock, J. R. Sinton, J. A. Thompson, Alfred G. P. Thomson. Per Dr. F. W. E. Kinneir: Drs. A. Burn, S. P. Matthews, Alice Owen. Per Dr. H. J. M. Milbank-Smith: Drs. Alexander, Chaplin, Franklin, Le Riche, J. H. C. Thompson.

13s. 6d.—Drs. Kirkpatrick and Nicholson.

10s. 6d.—Drs. W. B. Bennett, H. Godden Cole, John R. H. Dubourg, W. Owen Evans, Hope Grant, W. G. Jordan, A. R. M. MacIlraith, H. A. Mawdsley, F. S. Park, C. S. Pethick, F. C. Robbs, Graham Smith, W. Somerville, E. S. Sugden. Per Dr. F. W. E. Kinneir: Dr. R. B. Heygate. Per Dr. H. J. M. Milbank-Smith: Drs. E. I. Davis, Hinds, Mackintosh.

	£	s.	d.
Total individual contributions ...	39	10	6

B. LOCAL PANEL COMMITTEES.

	£	s.	d.
Anglesey Panel Committee (per Dr. J. R. Prytherch) ...	10	0	0
Arbroath Medical Panel Committee (per Dr. J. Melville Keith)	5	5	0
Bath Panel Committee (per Dr. F. C. Fosbery)	2	2	0
Bedfordshire Local Medical and Panel Committee (per Alfred Setchell). Second list	30	14	6
Subscribers: Drs. J. J. H. Anderson, R. D. Bell, K. B. Bellwood, J. W. Bone, G. Butters, A. J. Chillingworth, J. C. Clark, R. Coates, H. M. Coombs, C. M. L. Cowper, G. F. Dixon, W. F. Eberlie, E. R. Fasnacht, W. L. Garner, A. F. Goldsmith, C. I. Harmar, J. D. Harris, M. Johnston, C. J. M. Lawrence, H. N. Little, F. S. Lloyd, W. W. MacNaught, A. S. Phillips, G. C. J. Phillips, H. D. Pollard, E. Cleaton Roberts, Kilham Roberts, W. D. Rose, Sharpin and Sharpin, T. R. Snelling, Ethel M. Stacy, A. E. Street, H. C. Strover, C. K. Toland, R. C. Welsh.			
Bootle Panel Committee (per Dr. S. R. Sibbald)	10	7	0
Bournemouth Panel and Local Medical Committee (per C. Heygate Vernon)	10	10	0
Subscribers: Drs. Bond, Bowden, Branson, Carsberg, E. D. Granger, H. Granger, Hardie, Hopkins, Lee, Matthews, Mitchell, Morse, Renton, Robertson, Vernon, Woodstock.			
Darlington Medical and Panel Committee (per Dr. J. D. Sinclair)	21	0	0
Derby Local Medical and Panel Committee (per Mr. J. W. Irving)	45	0	0
Flintshire Panel Committee (per Dr. C. E. Morris) ...	5	5	0
East Riding of Yorkshire Panel Committee (per Dr. A. Gillespie)	40	0	0
Hastings Local Medical and Panel Committees (per Dr. F. E. Daunt)	15	0	0
Hertfordshire Local Medical and Panel Committee (per Dr. J. J. Smith)	52	10	0
Huntingdonshire Local Medical and Panel Committee (per Dr. J. R. Garrood)	10	10	0
Lancashire Panel Committee (per Dr. S. R. Sibbald) ...	0	10	0
Leicester Local Medical and Panel Committee (per Dr. E. Lewis Lilley)	50	0	0
Middlesex Panel Committee (per Mr. James Johnston)...	22	5	0
Subscribers: Drs. F. B. Bennett, Bremner, G. Campbell, F. O. Clarke, T. W. Clarke, G. Cunningham, Fogarty, Heddle, Hempleman, T. Johnston, S. Leslie, Lewis, G. Millar, W. Millar, Moore, G. Pereira, Power, Prior, G. R. Rew, L. P. Scott, Anderson Smith, G. Staunton, S. H. Sweet, Tresilian, Tuke-Johnson, Vermylen, Wade, Alice L. Williams.			
North Riding of Yorkshire Panel Committee (per Dr. R. S. Elvins)	31	10	0
City of Oxford Panel Committee (per Dr. A. Harrison Hall)	26	5	0
Soke of Peterborough Panel Committee (per Dr. J. N. Collins)	10	9	6
County of Somerset Panel Committee (per Dr. E. D. Pineo)	2	2	0
Subscribers: Drs. Finzell, Robertson, and Martin.			
Surrey Local Medical and Panel Committees (per Dr. T. T. Cockill)	100	0	0
Walsall Local Medical and Panel Committee (per Mr. H. B. Webster)	11	9	6
West Hartlepool Panel Committee (per Dr. J. Elmsley Mitchell)	21	0	0
West Sussex Panel Committee (per Dr. H. J. M. Milbank-Smith)	5	5	0
	£578	10	0

COLLECTED BY THE HONORARY SECRETARY AND TREASURER FOR SCOTLAND (DR. C. E. DOUGLAS).

Individual Contributions.

£3 2s.—Dr. John Patrick.

£1 1s.—Drs. G. B. Brand, Campbell MacGregor.

10s. 6d.—Dr. J. R. Learmonth.

	£	s.	d.
Total individual contributions ...	4	14	6
Panel Committees.			
Aberdeenshire Panel Committee	10	9	0
Dunfermline Panel Committee	7	12	3
Sutherland Panel Committee	8	15	6
Kilmarnock Panel Committee	15	0	0
Ayrshire Panel Committee	73	14	0
	120	5	3
English and other contributions	578	10	0
Total June 20th to July 4th	698	15	3
Amount previously acknowledged	2,574	15	9
Total to July 4th (morning)	£3,273	11	0

Amounts Promised.

Sheffield Local Medical and Panel Committee (per Dr. J. G. Mylan), £100.

Shropshire Local Medical and Panel Committee, £52 10s.

Denbighshire Panel Committee (per George Harrison), £10 9s. 6d.

Association Notices.

NOTICE OF ANNUAL GENERAL MEETING.

NOTICE IS HEREBY GIVEN that the Annual General Meeting of the Association will be held in the Technical College, Bradford, on Tuesday, July 22nd, at 2 p.m. Business: (1) Minutes of last Meeting; (2) Appointment of Auditors; (3) Report of Election of President for 1925–26.

ALFRED COX,
Medical Secretary.

L. FERRIS-SCOTT,
Financial Secretary and Business Manager.

ELECTION OF DIRECT REPRESENTATIVES ON THE SCOTTISH COMMITTEE.

THE following have been elected members of the Scottish Committee of the British Medical Association for the ensuing session:

Group I.—Aberdeen; Orkney; Shetland; Banff, Moray, and Nairn; Caithness and Sutherland; Inverness; Islands; Ross and Cromarty.—Dr. J. MUNRO MOIR, 18, Ness Bank, Inverness, and Dr. J. E. SKINNER, Westhill House, Skene.

Group II.—Dundee; Fife; Perth; Stirling.—Dr. G. W. MILLER, D.S.O., 6, Westfield Place, Dundee, and Dr. D. ELLIOT DICKSON, Hillcrest, Lochgelly.

Group III.—Edinburgh; Lothians; South-Eastern Counties; Dumfries and Galloway.—Dr. JOHN D. COMRIE, 25, Manor Place, Edinburgh; Dr. C. MOWBRAY PEARSON, 14, Manor Place, Edinburgh; and Dr. J. CROMIE, Elderslie, Auchencairn.

Group IV.—Glasgow Central, Eastern, North-Western, and Southern.—Dr. R. YUILL ANDERSON, Redcliffe, Beech Avenue, Ibrox, Glasgow; Dr. J. G. MCCUTCHEON, 14, Belmont Street, Hillhead, Glasgow; Dr. DAVID MCKAIL, 2, Morris Place, Glasgow; and Dr. JOHN PATRICK, 9, Newton Place, Glasgow.

Group V.—Argyllshire; Ayrshire; Dumbartonshire; Lanarkshire; Renfrew and Bute.—Dr. W. DOUGLAS FREW, Walmer, Kilmarnock; Dr. JAMES LAURIE, 38, Ardgowan Street, Greenock; and Dr. JAS. B. MILLER, Brownswood, Bishopbriggs.

The Members of Council representing Scottish constituencies are also members of the Scottish Committee, and one additional member may be co-opted.

OFFICIAL DATES.

July 18, Fri.	Annual Representative Meeting, Bradford, 10 a.m. Nominations for election of 12 members of Council by grouped Representatives due (at A.R.M., Bradford) by this date.
July 19, Sat.	Annual Representative Meeting, Bradford.
July 21, Mon.	Council, Bradford Annual Representative Meeting.
July 22, Tues.	Annual Representative Meeting, Annual General Meeting, and President's Address, Bradford.
July 23, Wed.	Council, Conference of Honorary Secretaries, Meetings of Sections, etc., Bradford.
July 24, Thur.	Meetings of Sections, etc., Bradford.
July 25, Fri.	Meetings of Sections, etc., Bradford.

ALFRED COX, *Medical Secretary.*

BRANCH AND DIVISION MEETINGS TO BE HELD.

KENT BRANCH: ISLE OF THANET DIVISION.—A meeting of the Isle of Thanet Division will be held on Saturday, July 12th, at 4.15 p.m., at the Kent and Canterbury Hospital, Canterbury, when Dr. H. M. Raven will preside. Tea, kindly provided by the hospital authorities, will be served before the meeting. The question of institutional treatment of defective school children will be discussed. Dr. R. Miller (St. Mary's Hospital) will speak on Functional Gastric Dyspepsia.

NORTH WALES BRANCH.—The annual meeting of the North Wales Branch will be held at Llangollen on Tuesday, July 15th. Further particulars and formal agenda will be circulated.

SUFFOLK BRANCH.—The annual meeting of the Suffolk Branch will be held at Blyburgate House, Beccles, to-day (Friday, July 11th), at 1 p.m. Dr. Wood-Hill will deliver his presidential address on Team Work applied to General Practice, and Dr. Mary Scharlieb, C.B.E., will read a paper on Uterine Haemorrhage in the Non-pregnant.

WORCESTER AND HEREFORD BRANCH: HEREFORD DIVISION.—A meeting of the Hereford Division will be held at 20, East Street, Hereford, at 3.30 p.m., on July 14th. Agenda: Mileage fees for doctors called in by midwives; rota for emergency midwifery cases; election of direct representative; report on post-graduate lectures; adoption of Ethical Rules.

YORKSHIRE BRANCH: SHEFFIELD DIVISION.—A general meeting of the Sheffield Division will be held at the Church House, St. James Street, Sheffield, to-day (Friday, July 11th), at 8.30 p.m. Agenda: Adjourned debate on hospital policy (SUPPLEMENT, May 3rd); Supplementary Report of Council (SUPPLEMENT, June 28th).

Meetings of Branches and Divisions.

SUSSEX BRANCH.

THE annual meeting of the Sussex Branch was held at Hastings on June 26th. Dr. David Ligat (Hastings) was elected President for the ensuing year, Sir Charles O'Brien Harding (Eastbourne) and Dr. Matthews (Crawley) Vice-Presidents, and Dr. L. A. Parry (Brighton) Secretary and Treasurer. The President entertained to lunch about sixty-five members at the Royal Victoria Hotel, Hastings. The toast of his health was received with acclamation. A hearty vote of thanks to the retiring president was carried unanimously.

Clinical Research at St. Andrews.

Dr. LIGAT then read his presidential address, entitled "Clinical research at St. Andrews." He said that the great underlying principle of the St. Andrews scheme was that it roped in the general practitioner and compelled him to do research work in the routine of his practice. Hitherto, as pointed out by Sir James Mackenzie, the field of research in medicine had been far too limited, far too narrow, as regarded its personnel. It had been in great part left to so-called research experts, and far be it from the practitioner to belittle their work or the value of their results. The average man in general practice was apt to say to himself, "What's the use? It would take me years to learn all there is to know about (say) microscopy, leaving out of account any chance of discovering a new thing." True; let the cobbler stick to his last, let microscopy, biology, radiology, and chemistry be left to the men specially trained in them. But why should research stop there, and what did these men know about the patient from the clinical aspect? Here the general practitioner was the expert. Nobody could deny that a general practitioner of ten years' experience was as much an expert on taking a history, unravelling symptoms, or making a physical examination as a microscopist of the same seniority was at examining a histological section; or that the opinion of the one was as good as that of the other, each in his own department. Why was it, then (asked the President), that most apparent progress had been made by the so-called expert research workers? He believed simply because their work had become the written word—all their experiments, opinions, deductions, whether true or false, had been indexed, classified, and written down in permanent form. This was where the general practitioners had failed; this was the hole through which their precious stores of hardly won experience and knowledge had slipped, and this was the leak that the St. Andrews scheme effectually plugged. Once that leak was stopped, the general practitioner was doing research work as vitally important as any specialist, and with this immense advantage—that while the specialist was practically limited by the nature of his work to the investigation of end-results the general practitioner was investigating the beginnings of things.

The President then described how they were tackling this matter at the St. Andrews Institute for Clinical Research. He admitted at once that the general practitioners were working under very favourable conditions at St. Andrews. The town had a population of about 9,000 permanent residents—people who were not moving about and who themselves took a keen and intelligent interest in the scheme. Eight medical men practised in the town. The Institute was housed in a suitable and convenient building, and valuable observations were being made and careful records kept. The Institute was established in October, 1919, for the purpose of studying disease with a view to its prevention. Working hand in hand with the Institute was the Child Welfare Centre. Every child in St. Andrews, whether of wealthy parents, of moderately well-off parents, or of poor parents, was taken to this centre when one week old. The child had been weighed at birth, and it was again weighed and all its physical characteristics carefully observed and recorded on appropriate forms. It was taken to the welfare centre every fortnight till it was 1 year old and every month till it was 2 years of age. During these two years what might be called the child's normal physiology was carefully studied. The child welfare centre was worked by two men. All the practitioners in St. Andrews were on the staff of the Institute; the M.O.H. did the bacteriology; the *x*-ray department was run by a man who did nothing else, and this was true also of the chemical department. Only three of the doctors on the staff were paid, and these three men spent a considerable part of each day there. The other men, although not paid in hard cash, were paid "in kind," as they saw all their panel patients there and had each a room to see any private patients they might wish to. The whole staff met twice a week; cases were discussed and abstracts made of the notes by the secretary.

A most important point was that the patients were not grouped under diseases but under symptoms, and each symptom was given an entire sheet to itself. Three complete copies of every case were made, one being the property of the individual doctor, another being the property of the Institute and kept in an accessible place where it could be referred to by any member of the staff; the third was also the property of the Institute, but was kept in a locked safe, and was called the permanent copy. Every case these medical men saw was investigated in this way. This systematic card index system of case-taking and record of response to treatment had been going on steadily since October, 1919. Several patients who in 1920, 1921, and 1922 appeared again and again complaining of apparently trivial symptoms, which apparently cleared up each time, had now developed demonstrable organic lesions (end-results). It seemed to Dr. Ligat that the logical outcome of this system was that these medical men in the not too distant future were going to be able to foretell the inevitable organic lesion long before it appeared and probably prevent it. Why should not the whole profession join in this investigation? That was where the State should help, without insisting on a whole-time service.

At the conclusion of the address Dr. Ligat was heartily thanked. The members then visited by car the charming country around Hastings, travelling by way of Winchelsea and Rye to Hawkhurst, where tea was served at the Tudor Hotel. The party then went on to Battle, where a visit was paid to the Abbey, by kind permission of Mrs. Jacoby. The thanks of the Branch are due to the Hastings Division and its energetic secretary, Dr. Charnock Smith, for a most successful meeting and a very enjoyable day.

NORTH BENGAL BRANCH.

A MEETING of the North Bengal Branch was held at Mâl on February 4th, with Dr. W. E. SHIPSEY in the chair.

Major W. O. WALKER, I.M.S., civil surgeon, Jalpaiguri, read a paper on his impressions of sanitation in tea gardens in the Dooars.

Discussing first water supply, he expressed his admiration for the numerous excellent pipe supplies on many gardens. This was the ideal system when available, and, granted the quality and quantity of water were sufficient, it should take the precedence of any other. Unfortunately, conditions were not always such that a pipe supply was possible, and so wells had to be used. He then described a good well as he had frequently met it on gardens in the Dooars. On some gardens with big deep wells the storage system and pipe supply had been provided. In any scheme of improvement this system should be kept in mind. The initial cost might be larger, but the supervision required was minimized. There were many gardens with excellent wells, no doubt, but uncovered, without proper plinths, with no protection against straying cattle, often too near dwelling houses, and also without any means of obtaining water except by the very doubtful rope and bucket of the coolie. Major Walker next referred to

conservancy. This, he acknowledged, was a very difficult problem, and attempts at conservancy in the Dooars had so far not met with great success. The Griffin common-sense privy was now being used in the Dooars, but certain conditions were necessary for its successful adoption. The subsoil water must be at least 10 ft. from the surface and the ground well drained. These could not be used as communal privies, but one privy had to be provided for each family; it followed, therefore, that coolie line planning and the provision of these privies must develop *pari passu*. It would, for instance, be impossible to start this scheme in old lines with the houses all huddled together. It was equally necessary that each house should have its own bari. When these conditions had all been fulfilled it would be possible to inaugurate the scheme. Central latrines near the factory might be either of the usual pattern used in cantonments, with an attendant staff of sweepers, or, where the privy system had been thoroughly mastered by the coolie, he believed communal pit privies might be used. On the subject of dispensaries Major Walker expressed the opinion that there was a real lack of hospital accommodation for the sick coolie in the Dooars. A good large hospital, centrally placed, should be provided in all gardens. Were the hospitals large enough, properly equipped, and with a good kitchen, the coolies would come to regard them favourably. At present the hospital was too often associated with death, and dreaded on that account. As regarded infant mortality, the figures for this were often too low. With the adoption of a child welfare scheme much more accurate records might be anticipated. It would add to the efficiency and interest of the medical administration of the gardens if a central laboratory were provided near each doctor's house. A doctor babu, with a good working knowledge of bacteriology and hookworm, could do the necessary preparation of specimens. Also there should be at least one well equipped operation theatre in each district. Lastly, the introduction of electric light and fans into the European bungalows in the Dooars was a very necessary improvement.

In the discussion of the paper the following resolutions were passed:

1. That all pukka wells should be covered and provided with a pump.
2. That every garden must lay down a dozen Griffin privies for the period of twelve months, and a report be furnished at the end of the year; the site to be chosen in collaboration with the medical officer.
3. That the time had come when every medical officer had a resident doctor babu for bacteriological purposes.
4. That every bungalow in the Dooars be supplied with electric light and fans.

It was unanimously decided to forward a copy of Major Walker's paper to the Dooars Planters' Association, requesting that it be circulated among the various agencies, together with resolutions 1, 2, 3, and 4, and also with the following proposal:

That periodical long leave out of India should not be for less than eight months.

Dr. McCUTCHEON then proposed a hearty vote of thanks to Major Walker, which was seconded by Dr. SYMINGTON, and carried unanimously.

EDINBURGH BRANCH.

Annual Summer Meeting.

THE annual meeting of the Edinburgh Branch was held at West Linton on June 25th. Excellent facilities were provided for the day's enjoyment, for the arrangement of which the Branch was indebted to Dr. Jeffrey of West Linton. The thanks of the Branch are also due to the West Linton Golf Club and Bowling Club for the facilities afforded, and to the education authority for the use of the school for the business meeting. Many members were accompanied by ladies. Luncheon was served at 12.30 p.m., and thereafter the party divided between the annual golf competition and a motor drive, arranged by Dr. Jeffrey. On this drive an interesting and picturesque part of the country was passed through, the places visited being Lyne Church, the adjacent Roman Camp, and the mansion house and policies of Castle Craig, where the party were entertained to tea by Mr. and Mrs. Mann. The party were indebted to Dr. Gunn (Peebles) for explaining the plan of the Roman Camp and for giving much antiquarian information with regard to it.

After tea the business meeting was held in the Public School at 5 p.m. The report of the Branch Council, showing a very gratifying increase in the membership of the Branch, was given and approved, as were also the annual reports of the Divisions. The Treasurer's annual report, showing a satisfactory financial position, was submitted and approved.

Election of Officers.—The following office-bearers, nominated by the Branch Council and unopposed, were declared duly elected:

President, Dr. Robert Thin. *President-Elect*, Professor G. M. Robertson. *Vice-Presidents*, Dr. G. Keppie Paterson and Dr. James Cameron. *Honorary Treasurer*, Dr. Douglas Guthrie. *Honorary Secretary*, Dr. John Stevens. *Assistant Honorary Secretary*, Mr. F. E. Jardine. *Public Health Service Members*, Dr. John Hunter and Mr. David Lees.

Dr. THIN was then installed as president, and on taking the chair thanked the Branch for the honour done to him, and proposed a cordial vote of thanks to Dr. Martine for his services in the chair during the past year. This was given with acclamation and acknowledged by Dr. MARTINE. The President then presented the golf prize to the successful competitor, Dr. John Young. It was intimated that Dr. John Stevens had been re-elected as Representative for 1924-25 for the Edinburgh and Fife Branch on the Council of the Association.

Invitation to hold the Annual Meeting of the Association in Edinburgh in 1927.—The SECRETARY reported that after the Annual Meeting last year, when it was decided to send this invitation, the Branch Council met and agreed upon a letter of invitation, which was sent early in July, 1923, signed by the President and Secretary. This invitation was reported to the Council of the Association at the Portsmouth Meeting. Subsequently a letter was received from the Medical Secretary intimating that the Association did not commit itself to accepting an invitation so far in advance, and suggesting that the invitation be renewed at a later date. This the Branch Council decided to do at its meeting on November 1st, 1923. The renewed invitation, signed by the President and Secretary, was subsequently sent and acknowledged by the Medical Secretary, who stated that it would come before the Council in July of this year. The action of the Branch Council was approved and, in the event of the invitation being accepted, the Branch Council was authorized to proceed in due course with the requisite arrangements.

Scottish Medical Bureau.—With reference to the proceedings of the Scottish Committee, Dr. DREVER, Scottish Medical Secretary, reported that a Scottish Medical Bureau had now been established, the Committee of Management of which is the members for the time being of the Scottish Committee of the British Medical Association. In reply to Dr. KEPPIE PATERSON, Dr. DREVER gave the assurance that the question of securing a Scottish home for the Association was receiving careful attention.

The PRESIDENT proposed cordial votes of thanks to Dr. Jeffrey for the excellent arrangements for the day, to the education authority for the facilities afforded for the holding of the business meeting, and to the West Linton Golf Club and Bowling Club for their courtesy. These were accorded with acclamation.

GLASGOW AND WEST OF SCOTLAND BRANCH: GLASGOW CENTRAL DIVISION.

THE annual meeting of the Glasgow Central Division was held on June 20th, when the following office-bearers were elected for the ensuing year:

Chairman, Dr. W. S. Syme. *Vice-Chairman*, Dr. George A. Allan. *Secretary*, Dr. A. Stanley Richmond. *Representative in Representative Body*, Dr. John N. Cruickshank. *Deputy Representative*, Dr. A. S. Richmond.

The SECRETARY presented his report, which was accepted as satisfactory. The Annual Report of Council was considered, and the Representative instructed to support its approval.

Dr. ALLAN raised the question of whether steps could be taken to increase the interest of members in the Division, such as altering the hour of meeting, holding a social function. It was decided to call a meeting in the autumn to consider the matter.

METROPOLITAN COUNTIES BRANCH.

THE seventy-second annual general meeting of the Metropolitan Counties Branch was held at 429, Strand, on June 27th, with the PRESIDENT, Dr. Charles Sanders, in the chair.

The following officers were declared elected for the ensuing session, 1924-25:

President, Dr. Charles Buttar. *President-Elect*, Mr. Comyns Berkeley. *Vice-Presidents*, Dr. F. C. Martley, M.A., Sir Alfred Rice-Oxley, C.B.E., M.D., Dr. David S. Roxburgh, Mr. H. S. Souttar, C.B.E., M.Ch. *Honorary Treasurer*, Mr. Comyns Berkeley. *Honorary Secretaries*, Dr. W. E. A. Worley and Dr. Howard M. Stratford.

The President reported that the Central Council, with a view to interesting medical students in the work of the Association, and in order to encourage clinical study, offered prizes for essays. The subject for this year's prizes was three cases illustrating different causes of dyspnoea, and the following were the prize-winners in the area of the Metropolitan Counties Branch: Messrs. C. L. Elgood, C. King, R. Hare, J. H. M. Walker. The President thereupon presented to each of these gentlemen a parchment certificate together with a cheque for £10.

The annual report and financial statement for the year 1923-24, which had been circulated, was adopted without discussion, together with the report of the four Representatives of the Branch on the Central Council.

Mr. E. B. TURNER said that before Dr. Sanders left the chair he would like to move on behalf of the Branch a very hearty vote of thanks for the way in which he had filled the post of president of the Branch. He had looked after the public health of the Branch Council as well as he had looked after the health of West Ham. He had attended every meeting of the Council and kept it in order, and so materially shortened debate by stopping argumentative discussions on many occasions. Sir ALFRED RICE-OXLEY seconded the motion, which was carried with acclamation.

Dr. SANDERS thereupon inducted his successor, Dr. Charles Buttar, to the presidential chair, and in doing so he stated that he would not weary the meeting by stating the qualifications Dr. Buttar possessed for the position of president, and he needed no introduction for the post. He wished him every success during his year of office; from his own experience he foretold that Dr. Buttar would preside over a Council which would applaud him when possibly he did not deserve applause, and never reprimand him when he deserved reprimanding.

Dr. BUTTAR then delivered his presidential address, entitled "Vox et praeterea nihil." On the motion of Mr. McADAM ECCLES, seconded by Dr. BRACKENBURY, a hearty vote of thanks was accorded to Dr. Buttar for his address.

METROPOLITAN COUNTIES BRANCH: FINCHLEY DIVISION.

THE annual meeting of the Finchley Division was held at the Finchley Memorial Hospital on June 13th.

The following officers were elected:

Chairman, Dr. W. S. Rooke. *Vice-Chairman*, Dr. T. H. Godfrey. *Honorary Secretary and Treasurer*, Dr. W. W. Jameson. *Representative in Representative Body*, Dr. W. R. Orr. *Deputy Representative in Representative Body*, Dr. T. W. Hicks.

The report of the Executive Committee was received and approved and the Representative in the Representative Body was

instructed on several points arising out of the Annual Report of the Council. The thanks of the Division were accorded to Dr. Hicks for the interest he had taken at all times in connexion with medical matters in Finchley, and more particularly in connexion with his duties as first chairman of the Finchley Division.

METROPOLITAN COUNTIES BRANCH: LEWISHAM DIVISION.

A MEETING of the Lewisham Division was held on June 17th, when Dr. F. A. BEATTIE occupied the chair.

Dr. WILFRED HARRIS delivered an address on the diagnosis and treatment of some neuralgias of the head and face. He said that in frontal sinus headache the frontal branch of the trigeminal nerve was affected, pain was referred to the eyebrow and scalp, with tenderness over the supraorbital notch. It was a toxic neuritis due to pressure of muco-pus, often showing regular periodicity. Morphine, heroin, medinal, omnopon, and pyramidon were of use in treatment. Transillumination by pressure of lamp against eyeball in a really dark room was useful. X rays were good for diagnosis for frontal sinus headache. In migrainous neuralgia there was nausea without vomiting; it might be unilateral and the pain might radiate to the teeth. Treatment was by injection of alcohol into nerve and Gasserian ganglion; luminal in tablets of 1½ grains was useful. Migraine was a close ally of epilepsy. The aura of migraine might last twenty minutes. In geniculate neuralgia the facial nerve was not purely motor; herpes of the meatus and tympanum occurred. Trigeminal neuralgia was practically incurable; cases were seen associated with disseminated sclerosis.

On the motion of Dr. CHARSLEY, seconded by Dr. COCK, the Division decided to support the candidature of Dr. Brackenbury for a seat on the General Medical Council.

YORKSHIRE BRANCH.

THE annual meeting of the Yorkshire Branch was held at Sheffield University on June 27th. In the absence of the President (Dr. Thornley) Dr. MANKNELL took the chair.

Professor Arthur J. Hall (Sheffield), having on the nomination of the Branch Council been elected President for the ensuing year, then took the chair. A vote of thanks was, on the motion of the PRESIDENT, accorded to Dr. Thornley for his services as president during the past year, and he was elected Vice-President for two years. Dr. A. E. Barnes was reappointed Honorary Secretary and Treasurer.

Professor HALL delivered his presidential address on the sequelae of epidemic encephalitis, at the close of which he was, on the motion of Dr. MANKNELL, seconded by Dr. EARDLEY, accorded a vote of thanks. The meeting then adjourned to the Royal Hospital, where a large series of cases were shown demonstrating the various points raised by the President in his address. The members were entertained to tea by the Chairman of the Sheffield Division, Mr. A. Garrick Wilson.

YORKSHIRE BRANCH: HARROGATE DIVISION.

A VERY pleasant social gathering was held on June 24th at Knaresborough, when the members of the Harrogate Division were entertained by the President, Dr. Mackay, and his wife. Members and friends met in the Market Place and proceeded to the castle, which they explored with the help of the guide. Afterwards a delightful tea was provided in the pretty garden of Ye Olde Manor House, by the river side. A tour of the historical old house terminated a most enjoyable afternoon's outing.

Insurance.

LOCAL MEDICAL AND PANEL COMMITTEES.

WARWICKSHIRE.

THE report of the Warwickshire Panel and Local Medical Committee for the year 1923-24 recalls the main features of the past year's negotiations in regard to terms of service for 1924 and onwards. The first offer of Sir W. Joynson-Hicks on behalf of the Government was a capitation fee of 8s. for five years and 8s. 6d. for three years. The Panel Committee decided that these offers were not acceptable and instructed their representative to vote to this effect and also for arbitration on the lines of that of 1920, taking the award of that year as a basis. The Panel Conference on October 18th, 1923, decided to refuse the Minister's cash offers and to ask the Panel Committees to put their collective bargaining schemes into operation and to collect the resignations of their constituents. By the end of October the signed resignations of 204 Warwickshire practitioners out of 213 were in the Panel Committee's hands. These resignations were, in common with those of over 90 per cent. of the insurance practitioners throughout the kingdom, handed in to the respective Insurance Committees to take effect on January 1st, 1924. These decisive steps led the Minister of Health to make a revised offer of 8s. 6d. for five years or a special Court of Inquiry to determine the fee. The Minister accompanied this offer with an admission that the Government recognized that medical benefit, with sickness, disablement, and maternity benefits, being primary benefits of the Act, other benefits (the "additional benefits" from valuation surpluses) were contingent upon the primary benefits first being provided. This declaration was of the utmost importance in view of the attempt in certain quarters to argue that the benefit funds of the approved societies should and could only be charged to a specifically limited extent with the cost of medical benefit. The Minister's offer of a Court of Inquiry was accepted by a large majority at the National Conference of November 14th, the Warwickshire representative being instructed to support this course. This decision had been amply justified by events and had resulted in the Court's award of 9s., with a recommendation that this fee continue for three years. The report then refers to the Brackenbury testimonial as follows:

"The outstanding value of the work performed by Dr. Brackenbury, the Chairman of the Insurance Acts Committee, during the past years and culminating in his brilliant conduct of the profession's case before the Court—in which he was admirably assisted by Drs. Dain, Cox and others—has resulted in a national movement for the provision of a testimonial. Warwickshire has voted a sum of £50 towards this object in the confident belief that each constituent supporter will agree that no more than justice has been done in the circumstances."

In regard to the Royal Commission to inquire into the scheme of National Health Insurance, the report anticipates that Panel Committees will be charged in the near future with the collection of statistical and other details for assisting the case of the profession which will be presented by the Insurance Acts Committee of the British Medical Association, and expresses the hope that every constituent will do his utmost to assist in the collection of the information vitally needed. As circumstances may arise within the next two years equally critical, if not more so, with those of the past year, the Panel Committee feels that the utmost support should be given to the National Insurance Defence Trust, and it has accordingly decided again to devote the sum of £200 to this object in the course of this year.

LONDON.

A meeting of the London Panel Committee was held on June 24th, with Dr. H. J. CARDALE in the chair.

Payment of a second Doctor.—Mr. T. B. LAYTON raised a question on a case which had been before the Insurance Committee. In this case, as the doctor on whose list the patient was was unable to attend when first summoned, the relatives called in another doctor, and continued to have his services during the remainder of the illness. It had been decided by the Insurance Committee that the second doctor had no claim against the first except for the first visit, and for this visit 10s. 6d. was deducted from the first doctor's remuneration. It seemed to Mr. Layton that if a patient was in a position to call in a doctor whose usual fee was 10s. 6d. for a visit that patient should not be allowed to come under the Insurance Act and obtain medical service for twelve months for 9s. Dr. CARDALE said that he thought the action of the Insurance Committee in all such cases was contrary to the Regulations, which stated that the insurance practitioner was responsible for the fee actually paid to the other doctor, not for any assessment which the Insurance Committee might make. Dr. STRATTON said that in this particular case the charge was according to the accepted scale for emergency visits, for this was a night call. After some further discussion the Committee decided to refer to a subcommittee for consideration the question of whether representations should not be made to the Minister that in all such cases the Insurance Committee should deduct only such sum as was actually paid by the patient to the second doctor.

Administration of Anaesthetics at Confinements.—Dr. BATTESON reported that a letter had been received from the Insurance Acts Committee with regard to the administration of anaesthetics at confinements. This had arisen from a particular case in which the Ministry had giving a ruling contrary to the understanding of the Committee. The Insurance Acts Committee held that the administration of an anaesthetic in connexion with confinements was outside an insurance practitioner's agreement, and asked Panel Committees to instruct their constituents to adhere to that opinion. The CHAIRMAN said that the Panel Committee would carry out the advice of the Insurance Acts Committee on this matter, which was a very important one.

A Practitioner's Capacity.—The case again came before the Committee of a practitioner with regard to whom the question had arisen as to whether, following an attack of cerebral haemorrhage, he was mentally and physically capable of carrying out his work as an insurance practitioner. The case had been referred to the Panel Committee by the Insurance Committee. The Panel Committee found, after inquiry in which it had the assistance of a neurologist, that the practitioner was mentally and physically capable.

London Insurance Pharmacopoeia.—It was reported that the London Insurance Committee had declined to bear the cost of the proposed revision of the London Insurance Pharmacopoeia, on the ground that the printing and publishing of such a formulary did not form a proper charge on the administration fund. It was decided that the Panel Committee, in conjunction with the Pharmacopoeia Committee, should continue the work of revision, and that Panel Committee funds should bear the cost.

Emergency Claims.—The Committee had before it the case of a practitioner against whom emergency claims had been made by neighbouring practitioners which seemed to indicate undue frequency. After inquiry it was found that his deputizing arrangements were somewhat indefinite, and, further, he had not provided the necessary notice on his surgery door giving the address of his residence, which was some minutes' walk distant. It was decided to defer consideration of the case for three months in order to give the practitioner an opportunity to amend his arrangements.

The Labour Party Hospital Conference.—It was decided to circulate to every member of the Committee the report of the recent conference on the hospital problem, summoned by the Labour party, reprinted from the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of May 3rd.

LONDON INSURANCE COMMITTEE.

The Forthcoming Royal Commission.—At the meeting of the London Insurance Committee on June 26th the subcommittee to which had been referred the preparation and presentation of

evidence to be given before the Royal Commission on National Health Insurance reported that it was of opinion that the Committee's purpose would best be served by devoting attention to the possibility of the extension and development generally of the present medical service provided under the Acts. It was proposed to confer with persons and bodies who might be interested in the subject, and as a preliminary measure the Panel Committee had been invited to an informal conference.

The Allocation Scheme.—A disagreement recently arose between the Insurance Committee and the Panel Committee with regard to the inclusion in the Allocation Scheme of Clause 7 (2)—the clause which restricts the right of an insurance practitioner to have an insured person removed from his list during the time such person is under treatment and incapable of work. The Panel Committee desired the clause to be omitted, while the Insurance Committee objected that the omission of the clause would deprive insured persons who were actually ill of the protection which the scheme was designed to give them. The matter was then referred to the Minister of Health, and it was now reported that he had ruled that when an insured person was under treatment it was essential in his interests that the practitioner's right to have the patient's name removed from his list should be restricted as indicated in the clause, and therefore that the clause must stand.

Excessive Prescribing.—A letter was read to the Committee from the Norfolk Insurance Committee stating that it viewed with some apprehension the new arrangements for the detection of excessive prescribing. The resolutions which the Norfolk Committee were submitting to the Ministry of Health were to the effect that it considered that the prescribing of drugs for insured persons was a matter which should be left to the unfettered discretion of insurance practitioners, and that it viewed with misgiving the additional supervisory arrangements in article 37 of the Medical Benefit Regulations. The London Committtee found itself unable to give its support to the representations made.

SCOTTISH HOSPITALS AND APPROVED SOCIETIES.

At the annual Scottish conference of friendly and approved societies in Edinburgh last week, Sir James Leishman, of the Scottish Board of Health, gave an address in which he appealed to the friendly and approved societies of Scotland to take a wider share in assisting Scottish hospitals.

Sir James Leishman said that, from the health point of view, there had been surprisingly little effect either from the war or from unemployment, as one might judge from death rates, morbidity figures, and other statistics; probably this had been due to the great number of ameliorating agencies which had been at work. The panel doctor and the panel system had been very much criticized, but it should be remembered that the panel system of Great Britain was the first experiment in the world whereby the services of medical practitioners were put at the disposal of the workers of the country without any special fear of running up large bills for medical treatment. Opinion was slowly but powerfully emerging that this system of making general practitioners available for the workers of the country had had a great effect upon the general health. Speaking generally, the number of insured persons in Scotland was about 1,670,000. Up to the present time rather more than £35,000,000 had been taken in, while rather over £25,000,000 had been paid out. At the beginning of the present year figures had been unusually heavy with regard to sickness benefit, due, so far as he could see, to fairly prevalent outbreaks of influenza. He thought that the time had now come when it was necessary to concentrate upon an improved, extended, and complete medical service. He thought they were nearing the time when the hospitals of Scotland could have a bed available for every person who needed one, financed, or at least greatly helped, by approved societies; that would be something worth doing. Administrators of societies were now coming to believe that cash benefits should be limited, and that it was more useful to spend money for additional benefits in kind.

Correspondence.

Hospital Policy.

SIR,—It is about time that the Annual Representative Meeting decided upon a definite policy as regards hospitals. Otherwise, the profession will wake up some morning to discover that the policy has already been settled by outsiders.

There was reported in the SUPPLEMENT of June 28th a most amusing conference of hospital staffs on the Hospital Saving Association. It read very much as if an attempt was being made to shut the stable door after the horse had escaped. "My lay committee" and "my medical committee" talk as if they owned the blessed hospitals. They are so medieval that they are prepared to die in the last ditch rather than give up their almoners. "Almoners and charity!" with a Labour Government which, before very long, will be in *power*, and prepared to think more of the rights and dignity of citizenship than of charity and almoners; although, I confess, that the Labour party made a very poor show at their last conference.

The utter selfishness of some members of hospital staffs is truly appalling. "We are doing very well. We don't want to upset the lay committees. Therefore we will do nothing about a staff fund. Hang the future!" What may come, does not give them pause. It can hardly be doubted that hospitals are about to come under the Cave Committees, also that there will soon be general insurance against the necessity for surgical treatment. Practically all surgery will be done in hospitals; only the rich will go into nursing homes. If the approved societies continue to subscribe larger and larger sums to the hospitals, they will see that they get adequate quos for their quids. The outlook for surgical specialists is not good Is it not of greater importance to secure adequate remuneration for the profession of the future than to bother about how hospitals shall be financed?

I wish Mr. Bishop Harman would prove to me two things: (1) that it is impossible to have an efficient, adequate hospital system in this country if it be financed nationally and controlled by committees such as the Cave; (2) that the present voluntary system has no serious imperfections. Yet, boards of management are so fully occupied in endeavouring to get funds by any means other than by national or municipal grants that the visiting (late "honorary") staffs cannot find it in their hearts to worry them about such unimportant matters as staff funds. Is nepotism absent from staff appointments? Are innovations by young, enterprising, original thinkers welcomed with enthusiasm?

Finally, how to get the best hospital service for the nation without detriment to the profession and its connexions is the important question to be settled at Bradford—fortunately one of the most progressive cities in the country.—I am, etc.,

FERDINAND REES, M.D.

Public Health Service (Tuberculosis).

SIR,—I have had the honour of being elected one of the (first) representatives by the Public Health Service Members of the British Medical Association to the Annual Representative Meeting on July 18th, 19th, 21st, and 22nd. The Medical Secretary informs me that the public health scale of salaries will be considered on Monday, July 21st, in the afternoon. As I am engaged in the public health service (tuberculosis), and our organization as a junior branch is not yet fully developed, I seek the views of those ladies and gentlemen who are members of the tuberculosis service, and more especially those who are honorary secretaries and chairmen of tuberculosis groups and subgroups of the Society of Medical Officers of Health, and tuberculosis societies, and associations of such societies. To this end, I consider I am justified in asking to be allowed to state through your columns that I shall be pleased to receive any resolutions or suggestions on the medico-political and ethical matters which concern us in the agenda, or which might be properly brought up at the meeting.—I am, etc.,

F. G. BUSHNELL,
Assistant Medical Officer of Health,
Tuberculosis Department, Plymouth.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

SURGEON COMMANDERS H. J. CHATER, and R. W. G. Stewart, O.B.E., to be Surgeon Captains.

Surgeon Commander A. K. Shand-Smith to the *President*, additional for the Medical Department.

ROYAL NAVAL VOLUNTEER RESERVE.

Surgeon Commander W. E. Harker, O.B.E., to be Surgeon Captain.

Surgeon Lieutenant Commanders J. B. Ronaldson and T. Turner to be Surgeon Commanders.

Surgeon Lieutenant R. Hall to the *Victory* additional for Haslar Hospital for hospital course, and to the *Malaya* additional for sixteen days' training.

H. O'Connor has entered as Probationary Surgeon Sublieutenant and attached to the Tyne Division.

ROYAL ARMY MEDICAL CORPS.

Majors and Brevet Lieutenant-Colonels to be Lieutenant-Colonels: D. S. Skelton, D.S.O., vice Lieut.-Colonel A. D. Jameson to retired pay; P. G. Easton, C.B.E., D.S.O., vice Lieut.-Colonel A. R. Greenwood to retired pay; P. Davidson, C.M.G., D.S.O., vice Lieut.-Colonel and Brevet Colonel F. McLennan, D.S.O., to retired pay.

Major B. H. H. Spence is restored to the establishment.

ROYAL AIR FORCE MEDICAL SERVICE.

Squadron Leaders to be Wing Commanders: W. W. Shorten, F. N. B. Smartt.

Squadron Leader H. B. Porteous to No. 7 Group, Headquarters, Andover.

Flight Lieutenants to be Squadron Leaders: T. Montgomery, H. L. Burton.

Flight Lieutenants to be Honorary Squadron Leaders: James Craig, H. C. Perkins.

Flight Lieutenant V. S. Ewing is granted a permanent commission in the rank stated.

Flying Officer A. Dickson to No. 4 Squadron, South Farnborough.

S. S. Proctor is granted a short-service commission as a Flying Officer, with effect from and with seniority of June 17th, 1924.

REGULAR ARMY RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

Second Lieutenant R. K. Wilson, late R.F.A., to be Lieutenant.

TERRITORIAL ARMY.

ROYAL ARMY MEDICAL CORPS.

To be Captains: Captains G. L. Malcolm-Smith (late R.A.M.C.S.R.), with precedence as from August 30th, 1918; D. S. Jones (late R.A.M.C.), with precedence as from May 3rd, 1919.

To be Lieutenants: D. P. Levack, with precedence as from January 28th, 1924; F. N. Foster; C. E. W. Bower.

Supernumerary for Service with the O.T.C.: Lieutenant L. B. Maxwell to have precedence as Lieutenant as from February 5th, 1922.

MILITIA.

ROYAL ARMY MEDICAL CORPS.

Captain G. F. V. Leary to be Major.

COLONIAL MEDICAL SERVICES.

Drs. A. G. Mackey appointed Medical Officer, Gold Coast; M. J. Hardy appointed Medical Officer, Nigeria.

VACANCIES.

ABERDEEN: ROYAL ABERDEEN HOSPITAL FOR SICK CHILDREN.—Honorary Junior Physician.

ABERDEEN ROYAL INFIRMARY.—Assistant Physician.

BATH: ROYAL MINERAL WATER HOSPITAL.—Surgeon.

BESFORD COURT MENTAL WELFARE HOSPITAL FOR CHILDREN, Worcestershire.—Medical Officer for Holiday Camp on Caldry Island.

BIRMINGHAM CITY.—Assistant Medical Officer at the Rubery Hill and Hollymoor Mental Hospital. Salary £350 per annum, rising to £400.

BIRMINGHAM AND MIDLAND THROAT AND EAR HOSPITAL.—Junior House-Surgeon. Salary at the rate of £200 per annum.

BIRMINGHAM: QUEEN'S HOSPITAL.—Surgical Registrar (non-resident). Honorarium £100 per annum.

BRIGHTON: NEW SUSSEX HOSPITAL.—Honorary Assistant Anaesthetist (female).

CEYLON.—Medical Officers of Health (Ceylonese possessing British qualifications). Emoluments: Grade I, £500, rising to £775 per annum; Grade II, £360, rising to £460 per annum.

DUMFRIES AND GALLOWAY ROYAL INFIRMARY.—Junior Resident Medical Officer (male). Salary £125 per annum.

EAST HAM COUNTY BOROUGH.—Assistant Medical Officer of Health. Salary £500 per annum.

EDINBURGH HOSPITAL FOR WOMEN AND CHILDREN.—(1) Senior House-Surgeon. (2) Junior House-Surgeon. Females. Salary at the rate of £60 and £40 per annum respectively.

EDINBURGH: THE HOSPICE MATERNITY HOSPITAL.—Resident Medical Officer (female). Remuneration at the rate of £50 per annum.

EDINBURGH UNIVERSITY.—Christison Chair of Therapeutics.

HAMPSTEAD GENERAL AND NORTH-WEST LONDON HOSPITAL, Haverstock Hill, N.W.—Gynaecologist.

HONG-KONG UNIVERSITY.—Professor of Obstetrics and Gynaecology. Salary £800 per annum, rising to £1,000.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.—Resident Medical Officer. Salary £500 per annum, including £100 as Registrar.

HULL CITY MENTAL HOSPITAL.—Senior Assistant Medical Officer and Deputy Superintendent. Salary £600 per annum, rising to £850.

HULL ROYAL INFIRMARY.—Assistant House-Physician (male). Salary at the rate of £130 per annum.

ISLE OF WIGHT COUNTY MENTAL HOSPITAL, Whitecroft, Newport.—Assistant Medical Officer. Salary £300 per annum.

ISLINGTON: PARISH OF ST. MARY.—Assistant Medical Officer at the Infirmary, Highgate Hill. Salary £350 per annum.

KING'S LYNN: WEST NORFOLK AND KING'S LYNN HOSPITAL.—Resident Surgical Officer. Salary £300-£350.

LEEDS PUBLIC DISPENSARY.—Senior Resident Medical Officer. Salary £200 per annum.

LONDON HOSPITAL, E.1.—Second Registrar to the Ear, Nose, and Throat Department.

MANCHESTER ROYAL EYE HOSPITAL.—Junior House-Surgeon. Salary £120.

MANCHESTER ROYAL INFIRMARY.—House-Surgeon (male) for the Aural, Gynaecological, and Ophthalmic Department. Salary at the rate of £50 per annum.

MANCHESTER UNION.—Junior Resident Assistant Medical Officers. Salary £275 per annum each.

MARGATE: ROYAL SEA BATHING HOSPITAL FOR SURGICAL TUBERCULOSIS.—House-Surgeon. Salary £200 per annum.

MAUDSLEY HOSPITAL, Denmark Hill, S.E.5.—Locumtenent Assistant Medical Officer. £8 10s. a week.

NORFOLK AND NORWICH HOSPITAL.—Anaesthetist (woman). Salary £300 per annum.

POOLE: CORNELIA HOSPITAL.—Honorary Medical Officer to Out-patients.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.2.—Assistant Casualty House-Surgeon. Salary at the rate of £100 per annum.

ROTHERHAM COUNTY BOROUGH.—Assistant Medical Officer of Health, etc. Salary £700 per annum.

ROYAL CHEST HOSPITAL, City Road, E.C.—Physician with charge of Out-patients.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.1.—(1) House-Physician. (2) House-Surgeon.

SEAMEN'S HOSPITAL SOCIETY.—Surgeon at the Hospital for Tropical Diseases, Endsleigh Gardens, N.W.1.

SCOTTISH ASYLUMS PATHOLOGICAL SCHEME.—Pathologist of Scheme and Superintendent of the Asylums' Laboratory. Salary £600 per annum.

SHEFFIELD: CHILDREN'S HOSPITAL (East End Branch).—Lady House-Surgeon. Salary £125 per annum.

SHEFFIELD ROYAL INFIRMARY.—Ophthalmic House-Surgeon. Salary £60 per annum.

UNIVERSITY COLLEGE HOSPITAL, Gower Street, W.C.1.—(1) Tuberculosis Officer. Salary £300 per annum. (2) House-Anaesthetist, part-time, non-resident. Salary £100 per annum.

VENTNOR: ROYAL NATIONAL HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Senior Resident Medical Officer (male). Salary £300 per annum.

WEST LONDON HOSPITAL, Hammersmith Road, W.6.—Assistant Anaesthetist.

CERTIFYING FACTORY SURGEON.—The Chief Inspector of Factories announces the following vacant appointment: Hertford (Herts).

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning.

APPOINTMENTS.

BROWN, L. G., M.D., B.Ch.Oxon., F.R.C.S., Assistant Surgeon to the Ear, Nose, and Throat Department, Charing Cross Hospital.

GUNN, J. Donald, M.D., Ch.B., F.R.C.S.Edin., Assistant Medical Officer to the North-Eastern and Scottish Areas of the London and North-Eastern Railway Company.

ROLSTON, J. R., L.R.C.P.Edin., M.R.C.S.Eng., Consulting Ophthalmic Surgeon to the South Devon and East Cornwall Hospital, Plymouth.

WAGSTAFFE, W. W., B.M., Ch.B.Oxon., F.R.C.S., Honorary Assistant Surgeon, Radcliffe Infirmary, Oxford.

British Medical Association.

OFFICES AND LIBRARY, 429, STRAND, LONDON, W.C.2.

Reference and Lending Library.

THE READING ROOM, in which books of reference, periodicals, and standard works can be consulted, is open to members from 10 a.m. to 6.30 p.m., Saturdays 10 to 2.

LENDING LIBRARY: Members are entitled to borrow books, including current medical works; they will be forwarded if desired, on application to the Librarian, accompanied by 6d. for each volume for postage and packing.

Departments.

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate Westrand, London).

MEDICAL SECRETARY (Telegrams: Medisecra Westrand, London).

EDITOR, *British Medical Journal* (Telegrams: Aitiology Westrand, London).

Telephone number for all departments: Gerrard 2630 (*3 lines*).

SCOTTISH MEDICAL SECRETARY: 6, Rutland Square, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 4361 Central.)

IRISH MEDICAL SECRETARY: 15, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

Diary of the Association.

JULY.

11 Fri. London: Committee *re* Royal Commission on the Superior Civil Services in India, 2.30 p.m.
London: Factory Acts Amendment Subcommittee, 2.30 p.m.
Sheffield Division: Church House, St. James Street, Sheffield, 8.30 p.m.
Suffolk Branch: Annual Meeting, Blyburgate House, Beccles, 1 p.m.

12 Sat. Isle of Thanet Division: Kent and Canterbury Hospital, Canterbury. Address by Dr. R. Miller on Functional Gastric Dyspepsia, 4.15 p.m.

14 Mon. Hereford Division: 20, East Street, Hereford, 3.30 p.m.

15 Tues. North Wales Branch: Annual Meeting, Llangollen.

DIARY OF SOCIETIES AND LECTURES.

ROYAL SOCIETY OF MEDICINE.—*Special General Meeting of Fellows*, Tues., 5 p.m., followed by a *General Meeting of Fellows*.

LONDON DERMATOLOGICAL SOCIETY, St. John's Hospital, Leicester Square.—Annual General Meeting, Wed., 4.30 p.m. Election of new Fellows and Officers. Proposal to change the name of the Society to "The St. John's Hospital Dermatological Society, incorporating the London Dermatological Society." Cases and specimens.

POST-GRADUATE COURSES AND LECTURES.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.1.—Thurs., 4 p.m., Pyrexia of Obscure Origin.

SOUTH-WEST LONDON POST-GRADUATE ASSOCIATION.—Wed., 4 p.m., Demonstration of Cases at Springfield Mental Hospital.

UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL, W.C.1.—Geoffrey E. Duveen Lectures in Otology. Thurs., 5 p.m., Otosclerosis.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith, W.—Mon., 2 p.m., Diseases of Women. Tues., 12 noon, Chest Cases. Wed., 12.15 p.m., Medical Pathology. Thurs., 2 p.m., Genito-Urinary Department. Fri., 2 p.m., Surgical Out-patients. Sat., 10 a.m., Medical Diseases of Children. Daily 10 a.m. to 6 p.m., Sat. 10 a.m. to 1 p.m., In- and Out-patients, Operations, Special Departments.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

BIRTH.

DAVIES.—On July 4th, at "Plas Darland," Wrexham, to "Nona," wife of John E. H. Davies, D.S.O., M.R.C.S., L.R.C.P., L.S.A., a son.

MARRIAGE.

HODNETT—TOMPKIN.—On April 28th, at Johannesburg, South Africa, Joseph O'Brien Hodnett, M.B., B.Ch., B.A.O., of Youghal, Ireland, to Dora Mary Renshaw Tompkin, M.B., Ch.B., of Manchester, England.

DEATH.

NALL.—On June 29th, suddenly at Furness Vale, Samuel Nall, B.A., M.B., D.P.H., M.R.C.S.Eng. (Cambs. and St. Bart's.), the beloved husband of Lizzie Nall, aged 69, for many years in practice at Disley.

Printed and published by the British Medical Association, at their Office, No. 429, Strand, in the Parish of St. Martin-in-the-Fields, in the County of London.